

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Freedom Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00552851	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee <b>House Freedom Fund</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 04 / 26 / 2018		
Mailing Address PO BOX 1948			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">888.50</div>		
City Alexandria	State VA	Zip Code 22313	Transaction ID : EF3235ABADE0444F997F		
Purpose of Expenditure IE-Leneghan-Donation Processing		Category/ Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 04 / 26 / 2018		
Name of Federal Candidate Leneghan, Melanie, Ann, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">5471.04</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ► Special Primary		

Full Name of Payee <b>House Freedom Fund</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 05 / 01 / 2018		
Mailing Address PO BOX 1948			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">128.35</div>		
City Alexandria	State VA	Zip Code 22313	Transaction ID : EA2B62F1BB0B64F10BC9		
Purpose of Expenditure IE-Leneghan-Donation Processing		Category/ Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 05 / 01 / 2018		
Name of Federal Candidate Leneghan, Melanie, Ann, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">5599.39</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ► Special Primary		

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px;">1016.85</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px;">1016.85</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brown, Megan, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

05 / 02 / 2018

Signature